

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Rahm Emanuel

A. Full Name (Last, First, Middle Initial) Hafen for Congress Mailing Address P.O. Box 530996 City Henderson State NV Zip Code 89053 Purpose of Disbursement Contribution-Federal Candidate Candidate Name Tessa Hafen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D134721 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	1	4	/	2	0	0	6	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8	/	1	4	/	2	0	0	6														
2000.00																							
B. Full Name (Last, First, Middle Initial) Harry Mitchell for Congress Mailing Address 1222 East Verlea Drive City Tempe State AZ Zip Code 85282 Purpose of Disbursement Contribution-Federal Candidate Candidate Name Harry Mitchell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D135282 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	1	/	2	0	0	6	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	1	1	/	2	0	0	6														
2000.00																							
C. Full Name (Last, First, Middle Initial) Hooley for Congress Mailing Address P. O. Box 2050 City Salem State OR Zip Code 97308 Purpose of Disbursement Contribution-Federal Candidate Candidate Name Hooley for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 5 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D135275 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	2	/	2	0	0	6	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	2	2	/	2	0	0	6														
2000.00																							

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)